Cas	se 17-18318-mac	D0C 40	Document	Page 1 of	0 09/26/18 14:03:56	Desc Main
Fill in this in	formation to identify you	r case:				
Debtor 1 Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States E	Bankruptcy Court for the: Dis	trict of Pennsyl	vania Eastern			
Case number (If known)	17-18318-mdc				Check if this is: An amended filing A supplement showing chapter 13 income a	ng post-petition s of the following date:
Sched	ule I: Your	Incom	e			12/15
supplying cor If you are sep	rect information. If you a arated and your spouse i	re married and s not filing wit of any additio	d not filing jointly, a th you, do not inclu	and your spouse ide information a	otor 1 and Debtor 2), both are e e is living with you, include info about your spouse. If more sp use number (if known). Answer	ormation about your spouse ace is needed, attach a

Part 1: Describe Employm	ent						
Fill in your employment information.		Debtor 1			Debtor 2 or non-filing spouse		
If you have more than one job, attach a separate page with information about additional employers.	Employment status	☐ Employed ☑ Not employed			☑ Employed☑ Not employed		
Include part-time, seasonal, or self-employed work.							
Occupation may Include student or homemaker, if it applies.	Occupation						
	Employer's name				Ed Macys Home Care		
	Employer's address						
		Number Street			Number Street		
					Darby, PA		
		City	Sta	te ZIP Code	City State ZIP Code		
	How long employed there	e?					
art 2: Give Details About	Monthly Income						
	the date you file this form . ave more than one employer	r, combine the info			rrite \$0 in the space. Include your non-filing		
				For Debtor 1	For Debtor 2 or non-filing spouse		
List monthly gross wages, sala deductions). If not paid monthly,	fore all payroll wage would be.	2.	\$	\$_2,868.67			
Estimate and list monthly over		3.	+\$	+ \$ 0.00			
Calculate gross income. Add li		4.	\$_0.00	\$_2,868.67			

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Debtor 1

Michael A Weems
First Name Middle N

Middle Name Last Name

Case number (if known) 17-18318-mdc

		For Debtor 1		an Dahtan 2 an					
		For Deptor 1		For Debtor 2 or non-filing spouse					
Copy line 4 here	4 .	\$_0.00		\$_2,868.67					
5. List all payroll deductions:									
5a. Tax, Medicare, and Social Security deductions	5a.	\$		\$ 650.00					
5b. Mandatory contributions for retirement plans	5b.	\$\$	-	\$ 0.00					
5c. Voluntary contributions for retirement plans	5c.	\$ \$	_	\$ 0.00					
5d. Required repayments of retirement fund loans	5d.	\$ \$	_	\$ 0.00					
		Φ	-	\$ 0.00					
5e. Insurance	5e.	\$	_	\$ 0.00 \$ 0.00					
5f. Domestic support obligations	5f.	\$	_	*					
5g. Union dues	5g.	\$	-	\$_0.00					
5h. Other deductions. Specify:	5h.	+\$	_ +	\$ 0.00					
6. Add the payroll deductions . Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$ 0.00	-	\$ 650.00					
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_0.00	_	\$ <u>2,218.67</u>					
8. List all other income regularly received:									
8a. Net income from rental property and from operating a business, profession, or farm									
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$ 0.00	_	\$_0.00					
8b. Interest and dividends	8b.	\$ 0.00		\$ 0.00					
8c. Family support payments that you, a non-filing spouse, or a depende regularly receive	ent	·	_						
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$ 0.00	_	\$_0.00					
8d. Unemployment compensation	8d.	\$_0.00	_	\$_0.00					
8e. Social Security	8e.	\$ <u>1,260.00</u>	_	\$_0.00					
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistan that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	ice 8f.	\$ <u>0.00</u>	_	\$_0.00					
	0	* 0.00		* 0.00					
8g. Pension or retirement income	8g.	\$_0.00	-	\$_0.00					
8h. Other monthly income. Specify: wife cares for sister and is paid by her	8h.	+\$_0.00		+ \$ 450.00					
9. Add all other income . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$ <u>1,260.00</u>		\$_450.00					
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$ <u>1,260.00</u>	+	\$_2,668.67	\$ 3,928.67				
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.									
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.									
Specify: 11. + \$0.00									
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. Combined									
13. Do you expect an increase or decrease within the year after you file this form? No									
Yes. Explain:									